

CLARK GARDENS BOTANICAL PARK

CLASS REGISTRATION

Name of Student: _____ Today's Date: _____

Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Name of Class: _____ Date of class _____

Cost: _____ (all fees are non-refundable)

Form of Payment: Check _____ Cash _____ Credit Card _____

Credit Card # _____ Exp. _____

Security # _____ Name on Card _____

Billing Address for Card: _____

City, State, Zip: _____

In the event of inclement weather or in case a class doesn't make because of the minimum number of students, you will be notified at the above contact numbers. Under these circumstances, class fees will be refunded.

CLARK GARDENS BOTANICAL PARK

P O BOX 276

MINERAL WELLS, TX 76068

940-682-4856

940-682-4078FAX

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